



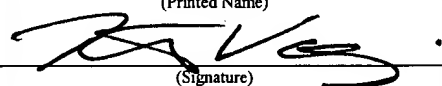
07-21-05

Atty. Dkt. No. 040405-0334

AF

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Masahiko HONDA
Title: ELECTRONIC MAIL TRANSFER
DEVICE AND SYSTEM,
ELECTRONIC MAIL TRANSFER
METHOD
Appl. No.: 09/812,816
Filing Date: 3/21/2001
Examiner: Swearingen, Jeffrey R.
Art Unit: 2145

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 445622540 US (Express Mail Label Number)	July 20, 2005 (Date of Deposit)
Ruthie Vallejo (Printed Name)	
 (Signature)	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated March 21, 2005, and in the Advisory Action dated June 29, 2005, finally rejecting Claims 1-30.

- ☐ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below

07/22/2005 MWOLDGE1 00000038 09812816 (Fee paid in prior appeal)

01 FC:1401 500.00 OP

07/22/2005 MWOLDGE1 00000038 09812816

02 FC:1251 120.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$120.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$620.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$620.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$620.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$620.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 20, 2005

By Justin Sobaje

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Justin M. Sobaje
 Attorney for Applicant
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